

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000227

1. Entity Name

SPBCJF TITLE HOLDING CORPORATION

Principal Place of Business

9901 DONNA KLEIN BLVD.
BOCA RATON FL 33428-1788

Mailing Address

9901 DONNA KLEIN BLVD.
BOCA RATON FL 33428-1756

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0446896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRSNER, MARVIN A
2255 GLADES RD
STE 419A
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
KIRSNER, MARVIN A
2255 GLADES RD, STE 419A
BOCA RATON FL 33431

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
SIEMENS, RICHARD
4800 N. FED. HWY., STE 204E
BOCA RATON FL 33431

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

Richard Siemens

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SOLOMON, ALAN B
2200 NW CORP BLVD, STE 310
BOCA RATON FL 33431

☐ Delete

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NAME
STREET ADDRESS
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90048 001 ****61.25

00042500



DO NOT WRITE IN THIS SPACE

CR25037 (9/00)